

UT(0158.90.R2.01);EP

December 5, 2001

Mr. Michael Deily, Director  
Division of Health Care Financing  
Utah Department of Health  
Post Office Box 143101  
Salt Lake City, Utah 84114-3101

Dear Mr. Deily:

We have received your response to our September 24, 2001, request for additional information regarding your request to amend your home and community-based services (HCBS) waiver for individuals with mental retardation and developmental disabilities (MR/DD), as authorized under Section 1915(c) of the Social Security Act. You requested to incorporate the Dual Diagnosis Pilot Project funded through a grant with the Robert Wood Johnson Foundation into the MR/DD waiver. The request has been given Control Number 0158.90.R2.01, which should be used in all correspondence relating to this waiver.

We have reviewed your response and request that you make the following changes and submit them to the Regional Office prior to approving your request:

- Change the date on the bottom of each attached page to reflect the effective date of July 1, 2001.
- Correct the page numbers **prior** to waiver approval.
- Please change amount on Page G-1, Factor D for year 2 to reflect the correct amount of \$23,669, not \$23,699.
- On page 3 of your response, please define the following acronyms: FNP, LCSW, PNP, and CCM.

Please respond to this request no later than December 21, 2001. If you have any questions, please contact Di Friedli at (303) 844-7112, or myself at (303) 844-7036.

Sincerely,

/s/

Eunice Perez  
Health Insurance Specialist  
State Programs Branch

cc: Kelli Polcha  
Ed Furia